

Reflection & Reaction

Concomitant bilateral herpes zoster ophthalmicus

Hassan Pervez and colleagues¹ present a Clinical Picture purporting to show concomitant bilateral herpes zoster ophthalmicus without providing conclusive evidence of the diagnosis. In the Tzanck test, the presence of giant epithelial cells and multinucleated giant cells in stained material from the base of vesicular lesions is taken to indicate the presence of alpha herpes viruses, but does not identify the causative agent. Antigen detection, nucleic acid testing, or viral culture of the material is needed to establish

whether herpes simplex virus 1, 2, or varicella zoster virus is responsible. Laboratory diagnosis is of particular relevance in this case given the bilateral distribution of the rash (and the possible absence of associated pain and eye involvement). Identification of the specific virus responsible is not an academic exercise. Herpes simplex virus and varicella zoster virus warrant very different dosages of antiviral medications and vary in their prognostic significance, especially in the elderly patient.

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Beauty and the beast

The recent violence in Nigeria around the Miss World pageant highlights the growing malaise and discontent of a population that has suffered years of poverty and neglect. Despite the considerable wealth that has entered Nigeria since the discovery of oil in the southern regions, years of corruption and mismanagement mean that the general population has yet to see any benefit. Nowhere is this more poignant than within the health-care sector,¹ where Nigeria sees some of the worst statistics in the developing world despite a clear capacity to respond.

We spent several months last year as part of a team that responded to a large-scale measles epidemic in Kano City, in the north of the country. Epidemics of this nature persist in Nigeria despite resources and the availability of cheap affordable vaccines, and this was one of the worst measles epidemics in which Médecins Sans Frontières (MSF) had intervened. The outpatient departments of two hospitals in which we worked during the intervention saw more than 13 000 measles cases, from an estimated 70 000 cases in Kano City alone. Despite medical care, the case-fatality rate among admissions was as high as 18%.

Epidemics of disease are highly politicised in Nigeria and in Kano State they are frequently covered up by officials. For this reason, MSF was

not allowed to intervene with free drugs and medical care until the situation became desperate. Large-scale epidemics with high case-fatality rates occur with alarming regularity in Nigeria. There are a number of reasons for this. First, in the northern regions the routine immunisation system barely functions. Of nine districts in Kano State, only one has a functioning cold store—the others lack functional refrigerators needed to ensure the cold chain, have intermittent electricity supplies, and provide little or no training among health-care professionals as to how to protect vaccines from losing potency.² There is no consistent vaccine supply into the country; as a result, measles vaccine-coverage rates are estimated at between 15% and 25%, and efficacy rates between 15% and 19%.²

Second, as is the case in much of sub-Saharan Africa, the surveillance systems in place to ensure timely responses to epidemics are poor. Substantial delay in the initiation of emergency vaccination and social mobilisation was certainly a contributing factor to development of complications and death among children presenting to the hospital.

Finally, there are traditional and religious issues, unique to this region, that affect treatment-seeking behaviour. One study³ reported that only 31% of mothers had taken their children to formal health facilities

when they developed measles. Instead, they administer local concoctions to bring out the rash, keep the child wrapped up, and do not feed them. Malnutrition was a prevailing factor among many of the children, even in the absence of food shortages within the region.

96 000 preventable measles-related deaths are estimated to occur every year in Nigeria.⁴ Although in 1990 UNICEF declared a victory in its goal of immunising 80% of vulnerable populations worldwide, this has for many countries been unsustainable in the face of war, internal conflict, the HIV/AIDS pandemic, and waning interest from international donors. Nowhere is this more poignant than within Nigeria, a country that clearly has the wealth and capacity to vaccinate its population with cheap affordable vaccinations.

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- 2 Cox H. Assessment of immunisation services in Kano, Nigeria. Amsterdam: MSF, 2001.
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- 4 Miller M. Introduction to a novel model to estimate national and global measles disease burden. *Int J Infect Dis* 1999; 4: 14–20.